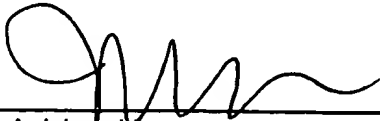




DRF 3.0-051-US

CERTIFICATION UNDER 37 CFR 1.10

The undersigned hereby certifies that this correspondence, and all documents referred to as being enclosed herewith, is being deposited with the United States Postal Service on this date October 10, 2006 in an envelope as "Express Mail Post Office to Addressee", Mailing Label Number EV 504212826 US, addressed to: Office of Petitions, Mail Stop Petition, Commissioner For Patents, P.O. Box 1450, Alexandria VA 22313-1450


Joan Anisiewski

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: WEIBEL, ET AL.

Application No.: 09/450,609

Group Art Unit: 1617

Filed: November 30, 1999

Examiner: Jennifer M. Kim

For: NEW PHARMACEUTICAL COMPOSITION AND THE
PROCESS FOR ITS PREPARATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a

- ☒ Response;
- ☒ Postcard;
- ☒ Petition for Extension of Time;
- ☒ Certificate of Mailing
- ☒ Petition For Revival
- ☒ Petition Fee
- ☒ Statement of unintentional delay

10/12/2006 CNGUYEN 00000029 503221 09450609
02 FC:1253 1020.00 DA

Adjustment date: 11/06/2006 CKHLOK
10/12/2006 CNGUYEN 00000029 503221 09450609
02 FC:1253 1020.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>11/01/06</u>		2 Serial/Patent # <u>09/450,609</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
X	Extension of Time		10/10/06	\$ 1,020.00	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 1,020.00
			8 TO BE REFUNDED BY:		
			Treasury Check		
			X	Credit Deposit A/C #:	
			9	5	0 -- 3 2 2 1
10 REASON:					
	Overpayment				
	Duplicate Payment				
X	No Fee Due (Explanation):				
Request made outside max. statutory period for reply.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>		TITLE: <u>Petitions Attorney</u>			
SIGNATURE: <u><i>Kenya McLaughlin</i></u>		PHONE: <u>2-3222</u>			
OFFICE: <u>Petitions</u>					

THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: <u><i>CKH/bk</i></u>		DATE: <u>11/6/06</u>			

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